

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Eastern District of Texas**

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

## Official Form 201

### Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Sassy Medchill LLC</u>		
2. All other names debtor used in the last 8 years	<u>Goldie and Co. Studio</u>		
Include any assumed names, trade names, and <i>doing business as names</i>			
3. Debtor's federal Employer Identification Number (EIN)	<u>8 4 - 4 1 2 9 7 8 2</u>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
	<u>6959 Lebanon Rd Suite 101</u>		
	Number <u>6959</u> Street <u>Lebanon Rd Suite 101</u>		
	<u>Frisco, TX 75034-6736</u>	State <u>TX</u>	ZIP Code <u>75034-6736</u>
	Denton		
	County <u>Denton</u>		
		Number <u></u> Street <u></u>	
		City <u></u>	State <u></u> ZIP Code <u></u>
5. Debtor's website (URL)	<u>https://www.goldieandco.com/</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor

**Sassy Medchill LLC**

Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. §101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. §781(3))  
 None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes> .

8 1 2 1

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:  
 Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

If more than 2 cases, attach a separate list.

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor

**Sassy Medchill LLC**

Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

*Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

**13. Debtor's estimation of available funds?**

*Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,000-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 10,001-25,000		<input type="checkbox"/> More than 100,000	

**15. Estimated assets**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor

Sassy Medchill LLC

Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/16/2024

MM/ DD/ YYYY

X /s/ Sasha Medhill

Signature of authorized representative of debtor

Sasha Medhill

Printed name

Title Owner

**18. Signature of attorney**

X /s/ Robert C Lane

Signature of attorney for debtor

Date 10/16/2024

MM/ DD/ YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

1555 State St

Number Street

Salem

City

OR

97301

State

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

Fill in this information to identify the case:

Debtor Name	<b>Sassy Medchill LLC</b>		
United States Bankruptcy Court for the:	<b>Eastern</b>	District of	<b>Texas</b>
Case number (If known):			

Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Texas Bank and Trust

Checking account

1 7 3 0

\$3,590.28

4. Other cash equivalents (*Identify all*)

4.1

\_\_\_\_\_

4.2

\_\_\_\_\_

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$3,590.28**

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 Whitestone Shops at Starwood, LLC

**\$15,712.75**

Debtor Sassy Medchill LLC Case number (if known) \_\_\_\_\_

Name

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

**\$15,712.75**

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.

Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ =..... → \_\_\_\_\_

face amount

doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ =..... → \_\_\_\_\_

face amount

doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\_\_\_\_\_

**Part 4: Investments**

**13. Does the debtor own any investments?**

No. Go to Part 5.

Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

\_\_\_\_\_

14.2 \_\_\_\_\_

\_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15.2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

Debtor Sassy Medchill LLC Case number (if known) \_\_\_\_\_

Name

16.1 \_\_\_\_\_

16.2 \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\_\_\_\_\_

**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

\_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

**20. Work in progress**

\_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

**21. Finished goods, including goods held for resale****Hand count to update Square inventory management system****Finished goods** \_\_\_\_\_ unknown \_\_\_\_\_ \$12,306.00  
MM / DD / YYYY \_\_\_\_\_**22. Other inventory or supplies**

\_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

**\$12,306.00****24. Is any of the property listed in Part 5 perishable?** No Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?** No Yes**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor Sassy Medchill LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

## 27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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## 28. Crops—either planted or harvested

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## 29. Farm animals Examples: Livestock, poultry, farm-raised fish

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## 30. Farm machinery and equipment (Other than titled motor vehicles)

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## 31. Farm and fishing supplies, chemicals, and feed

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## 32. Other farming and fishing-related property not already listed in Part 6

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## 33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

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## 34. Is the debtor a member of an agricultural cooperative?

 No Yes. Is any of the debtor's property stored at the cooperative? No Yes

## 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

 No Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

## 36. Is a depreciation schedule available for any of the property listed in Part 6?

 No Yes

## 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

 No Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

## 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

 No. Go to Part 8. Yes. Fill in the information below.

Debtor

Sassy Medchill LLC

Name

Case number (if known) \_\_\_\_\_

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
Salon Chairs (9)	unknown		\$2,700.00
Stylist Trays	unknown		\$200.00
Sofa	unknown		\$200.00
<b>40. Office fixtures</b>			
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
Computers (4)	unknown		\$400.00
Monitors (2)	unknown		\$300.00
Speakers	unknown		\$100.00
<b>42. Collectibles Examples:</b> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1			
42.2			
42.3			
<b>43. Total of Part 7</b>			<b>\$3,900.00</b>
Add lines 39 through 42. Copy the total to line 86.			
<b>44. Is a depreciation schedule available for any of the property listed in Part 7?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>45. Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Part 8: Machinery, equipment, and vehicles</b>			
<b>46. Does the debtor own or lease any machinery, equipment, or vehicles?</b>			
<input checked="" type="checkbox"/> No. Go to Part 9.			
<input type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			

Debtor

Sassy Medchill LLC

Name

Case number (if known) \_\_\_\_\_

47.1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47.2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47.3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47.4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48. **Watercraft, trailers, motors, and related accessories** Examples:  
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48.2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

49. **Aircraft and accessories**

49.1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

49.2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\_\_\_\_\_

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

 No Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

 No Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

 No. Go to Part 10. Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	_____	_____	_____
55.2 _____	_____	_____	_____	_____
55.3 _____	_____	_____	_____	_____
55.4 _____	_____	_____	_____	_____
55.5 _____	_____	_____	_____	_____

Debtor Sassy Medchill LLC Case number (if known) \_\_\_\_\_

Name

55.6 \_\_\_\_\_

**56. Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.


**57. Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No  
 Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**60. Patents, copyrights, trademarks, and trade secrets**


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**61. Internet domain names and websites**

https://www.goldieandco.com      unknown      \_\_\_\_\_      \$1.00

**62. Licenses, franchises, and royalties**

Hair Stylist License      unknown      \_\_\_\_\_      \$1.00

Hair Salon License      unknown      \_\_\_\_\_      \$1.00

**63. Customer lists, mailing lists, or other compilations**

Customer list in Square POS system      unknown      \_\_\_\_\_      \$1.00

**64. Other intangibles, or intellectual property**


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**65. Goodwill**


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**66. Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

\$4.00
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**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

No  
 Yes

Debtor Sassy Medchill LLC Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - \_\_\_\_\_ = ➔ \_\_\_\_\_  
Total face amount                    doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_

Debtor Sassy Medchill LLC

Case number (if known) \_\_\_\_\_

Name

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership
- 
- 
- 

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

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79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?** No Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$3,590.28	
81. Deposits and prepayments. Copy line 9, Part 2.	\$15,712.75	
82. Accounts receivable. Copy line 12, Part 3.		
83. Investments. Copy line 17, Part 4.		
84. Inventory. Copy line 23, Part 5.	\$12,306.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$3,900.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.		
88. Real property. Copy line 56, Part 9.....	→	
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$4.00	
90. All other assets. Copy line 78, Part 11.	+ _____	
91. Total. Add lines 80 through 90 for each column.....	\$35,513.03	+ 91b. _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$35,513.03

Fill in this information to identify the case:

Debtor name **Sassy Medchill LLC**  
United States Bankruptcy Court for the: **Eastern** District of **Texas**  
(State)  
Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## **Official Form 206D**

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

**Be as complete and accurate as possible.**

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court.

Yes. Fill in all of the information below.

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Part I. List Creditors Who Have Secured Claims		Column A <b>Amount of claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>
2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.			
<b>2.1 Creditor's name</b> <u>Square Financial Services</u>	<b>Describe debtor's property that is subject to a lien</b>  <u> </u>		
<b>Creditor's mailing address</b> <u>4 Chase Metrotech Center 7th Floor</u>	 <u> </u>		
<b>Creditor's mailing address</b> <u>Brooklyn, NY 11245</u>	 <u> </u>		
<b>Creditor's email address, if known</b>  <u> </u>	<b>Describe the lien</b> <u>UCC</u>		
<b>Date debt was incurred</b> <u>12/11/2023</u>	<b>Is the creditor an insider or related party?</b>		
<b>Last 4 digits of account number</b> <u>5 3 0 6</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Do multiple creditors have an interest in the same property?</b>  <u> </u>	<b>Is anyone else liable on this claim?</b>		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.  <u> </u> <u> </u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>As of the petition filing date, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$256,621.00**

Debtor

Sassy Medchill LLC

Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	
<p><b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b></p>		
<b>2.2 Creditor's name</b> <u>U.S. Small Business Administration (SBA) - All Divisions</u>		<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.  <b>Column B</b> <b>Value of collateral that supports this claim</b>
<b>Describe debtor's property that is subject to a lien</b> <hr/> <hr/> <hr/>		
		<b>\$113,394.00</b>
<b>Creditor's mailing address</b> <u>Little Rock Commercial Loan Servicing Center</u>		<b>Describe the lien</b> <u>UCC</u>
<u>2120 Riverfront Drive 100</u> <u>Little Rock, AR 72202</u>		
<b>Creditor's email address, if known</b> <hr/>		<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>Date debt was incurred</b> <u>11/01/2020</u>		<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
<b>Last 4 digits of account number</b> <u>      </u>		<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <hr/>		<b>Remarks:</b> EIDL
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>      </u>		

Debtor Sassy Medchill LLC  
 Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	
<b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>		
<b>2.3 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>	
<u>Whitestone Shops at Starwood, LLC</u>	<u>_____</u>	
<b>Creditor's mailing address</b>	<u>_____</u>	
<u>2600 S Gessner Rd Ste 500</u>	<u>_____</u>	
<u>Houston, TX 77063-3223</u>	<u>_____</u>	
<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b>	
<u>_____</u>	<input checked="" type="checkbox"/> No	
<b>Date debt was incurred</b>	<input type="checkbox"/> Yes	
<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b>	
<u>_____</u>	<input type="checkbox"/> No	
<b>Do multiple creditors have an interest in the same property?</b>	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
<input checked="" type="checkbox"/> No	<b>As of the petition filing date, the claim is:</b>	
<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent	
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated	
<u>_____</u>	<input type="checkbox"/> Disputed	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>_____</u>		

**Debtor** Sassy Medchill LLC **Case number (if known)** \_\_\_\_\_

**Sassy Medchill LLC**

Case number (if known)

Name \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor name Sassy Medchill LLC

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b> _____ _____ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____ <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) _____	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.2 Priority creditor's name and mailing address</b> _____ _____ _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____
<b>Date or dates debt was incurred</b> _____	<b>Basis for the claim:</b> _____	
<b>Last 4 digits of account number</b> _____ <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) _____	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

**Sassy Medchill LLC**

Name

Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>American Express</u>  <u>Po Box 981535</u>  <u>El Paso, TX 79998-1535</u>	<b>As of the petition filing date, the claim is:</b> <u>\$67,744.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>Capital One</u>  <u>Bankruptcy Dept</u>  <u>PO Box 30285</u>  <u>Salt Lake City, UT 84130-0289</u>	<b>As of the petition filing date, the claim is:</b> <u>\$8,807.63</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>  </u>  <u>  </u>  <u>  </u>	<b>As of the petition filing date, the claim is:</b> _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b>  <u>  </u>  <u>  </u>  <u>  </u>	<b>As of the petition filing date, the claim is:</b> _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

**Sassy Medchill LLC**

Name

Case number (*if known*) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

**5. Add the amounts of priority and nonpriority unsecured claims.**

			<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a.		<u><b>\$0.00</b></u>
5b. Total claims from Part 2	5b.	+	<u><b>\$76,551.63</b></u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		<u><b>\$76,551.63</b></u>

Fill in this information to identify the case:

Debtor name Sassy Medchill LLC

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest  Salon  Contract to be ASSUMED	Whitestone Shops at Starwood, LLC  2600 S Gessner Rd Ste 500  Houston, TX 77063-3223
2.2	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.3	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	

Fill in this information to identify the case:

Debtor name	<u>Sassy Medchill LLC</u>		
United States Bankruptcy Court for the:	<u>Eastern</u>	District of	<u>Texas</u>
Case number (If known):	<u>                          </u>		

Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor		Column 2: Creditor	
	Name	Mailing address	Name	Check all schedules that apply:
2.1	<u>Bradley Medchill</u>	<u>3752 San Gabriel Ave</u> Street	<u>Whitestone Shops at Starwood, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Frisco, TX 75033-0108</u>	<u>Whitestone Shops at Starwood, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2	<u>Sasha Medchill</u>	<u>3752 San Gabriel Ave</u> Street	<u>Whitestone Shops at Starwood, LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Frisco, TX 75033-2889</u>	<u>Whitestone Shops at Starwood, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3		Street		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			City State ZIP Code	
2.4		Street		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
			City State ZIP Code	

Debtor Sassy Medchill LLC Case number (if known) \_\_\_\_\_

Name

[REDACTED] Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
	Name	Mailing address	Name
2.5		Street _____ _____	Check all schedules that apply: <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____	
2.6		Street _____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____	

Fill in this information to identify the case:

Debtor name Sassy Medchill LLC

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

##### 1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

###### 1a. Real Property:

Copy line 88 from Schedule A/B.....

\$0.00

###### 1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$35,513.03

###### 1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$35,513.03

#### Part 2: Summary of Liabilities

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\$256,621.00

##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

###### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

###### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$76,551.63

##### 4. Total liabilities.....

Lines 2 + 3a + 3b

\$333,172.63

Fill in this information to identify the case:

Debtor name Sassy Medchill LLC

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2024</u> to <u>Filing date</u> MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$709,620.67</u>
For prior year:	From <u>01/01/2023</u> to <u>12/31/2023</u> MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$1,342,355.00</u>
For the year before that:	From <u>01/01/2022</u> to <u>12/31/2022</u> MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$1,158,742.16</u>

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2024</u> to <u>Filing date</u> MM/ DD/ YYYY		
For prior year:	From <u>01/01/2023</u> to <u>12/31/2023</u> MM/ DD/ YYYY		
For the year before that:	From <u>01/01/2022</u> to <u>12/31/2022</u> MM/ DD/ YYYY		

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <b>American Express</b> Creditor's name <b>P.O Box 297817</b> Street <b>Bankruptcy Unit</b> <b>Fort Lauderdale, NY 33329</b> City State ZIP Code		<b>\$59,814.58</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <b>Square Financial Services, Inc.</b> Creditor's name <b>3165 E Millrock Dr 160</b> Street  <b>Salt Lake City, UT 84121</b> City State ZIP Code		<b>\$55,127.45</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <b>Sasha Medchill</b> Creditor's name <b>3752 San Gabriel Ave</b> Street  <b>Frisco, TX 75033-2889</b> City State ZIP Code	<u>11/17/2023</u> <u>12/1/2023</u> <u>12/15/2023</u>  <u>12/29/2023</u>  <u>01/26/2024</u> <u>02/09/2024</u> <u>2/23/2024</u> <u>3/22/2024</u> <u>04/05/2024</u>	<b>\$36,504.85</b>	_____

Name

04/19/2024

05/03/2024

05/17/2024

05/31/2024

06/28/2024

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

5.1.

Creditor's name

Street

City State ZIP Code

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

XXXX- - - - -

Street

City State ZIP Code

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

7.1. Case title	Nature of case	Court or agency's name and address	Status of case
_____	_____	_____ Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number		Street	_____
_____		City	State ZIP Code

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

8.1. Custodian's name and address	Description of the property	Value
Custodian's name Street City State ZIP Code	Case title Case number Date of order or assignment	Court name and address Name Street City State ZIP Code

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

9.1. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name Street City State ZIP Code	_____	_____	_____
Recipient's relationship to debtor	_____	_____	_____

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

**Sassy Medchill LLC**

Name

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Date of loss****Value of property lost**

10.1. \_\_\_\_\_

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

11.1. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
The Lane Law Firm	Attorney's Fees	08/05/2024	\$2,000.00
Address	Attorney's Fees	08/16/2024	\$5,000.00
6200 Savoy Suite 1150 Street	Attorney's Fees	08/22/2024	\$5,000.00
Houston, TX 77036 City                      State                      ZIP Code	Attorney's Fees	08/29/2024	\$5,000.00
Email or website address	Attorney's Fees	09/05/2024	\$5,000.00
	Attorney's Fees	09/12/2024	\$5,000.00
	Attorney's Fees	09/19/2024	\$3,000.00
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

12.1. Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee			

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

13.1. Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
----------------------------------	--	------------------------	-----------------------

**Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. Street _____ _____ City _____ State _____ ZIP Code _____	From _____ To _____

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

**Sassy Medchill LLC**  
Name

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Facility name  Street  City      State      ZIP Code	<b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider.	<b>How are records kept?</b>  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

#### Part 9: Personally Identifiable Information

##### 16. Does the debtor collect and retain personally identifiable information of customers?

- No.  
 Yes.

##### Name, contact information, services completed,

State the nature of the information collected and retained. **occasional before/after pictures**

Does the debtor have a privacy policy about that information?

- No  
 Yes

##### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.

- Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.  
 Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

EIN: \_\_\_\_\_

Has the plan been terminated?

- No  
 Yes

#### Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

##### 18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

18.1 \_\_\_\_\_ XXXX- \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Checking  
 Savings  
 Money market  
 Brokerage  
 Other

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

19.1 Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	Address _____ _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

20.1 Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	Address _____ _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	_____

Sassy Medchill LLC

Name

## Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name _____ Street _____	_____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	City      State      ZIP Code	_____ _____ _____	

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____	Name _____ Street _____	_____ _____ _____	_____
City      State      ZIP Code	City      State      ZIP Code	_____ _____ _____	

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____	Name _____ Street _____	_____ _____ _____	_____
City      State      ZIP Code	City      State      ZIP Code	_____ _____ _____	

Part 13: Details About the Debtor's Business or Connections to Any Business

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____  Street _____  City _____ State _____ ZIP Code _____	_____	EIN: _____  <b>Dates business existed</b> From _____ To _____

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. <b>Fortitude Tax and Accounting</b> Name _____ <b>208 Preakness Way</b> Street _____  <b>Tooele, UT 84074-8173</b> City _____ State _____ ZIP Code _____	From <u>06/01/2022</u> To <u>Present</u>
<b>Buehrer Associates CPAs LLC</b> Name _____ <b>1200 E Copeland Rd Ste 402</b> Street _____  <b>Arlington, TX 76011-4911</b> City _____ State _____ ZIP Code _____	From <u>10/01/2018</u> To <u>05/31/2022</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. <b>Speakeasy Bookkeeping</b> Name _____ <b>704 N Carr St Unit A</b> Street _____  <b>Tacoma, WA 98403-3026</b> City _____ State _____ ZIP Code _____	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Sassy Medhill LLC

Name

**Name and address**

If any books of account and records are unavailable, explain why

26c.1.

**Speakeasy Bookkeeping**

Name

**704 N Carr St Unit A**

Street

**Tacoma, WA 98403-3026**

City

State

ZIP Code

- 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<b>Sasha Medhill</b>	<b>05/01/2024</b>	<b>\$12,306.89</b>

**Name and address of the person who has possession of inventory records**

27.1. **Sasha Medhill**

Name

**10364 Tobias Ln**

Street

**Frisco, TX 75033-0108**

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Sasha Medhill</b>	<b>10364 Tobias Ln Frisco, TX 75033-0108</b>	,	<b>100.00%</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
,	,	,	,

From \_\_\_\_\_  
To \_\_\_\_\_

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No

Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
_____	EIN: _____

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No

Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
_____	EIN: _____

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/16/2024  
MM/ DD/ YYYY

**X** /s/ **Sasha Medhill**

Signature of individual signing on behalf of the debtor

Printed name Sasha Medhill

Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

Fill in this information to identify the case:

Debtor name Sassy Medchill LLC

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Square Financial Services 4 Chase Metrotech Center 7th Floor Brooklyn, NY 11245		UCC				\$143,227.00
2 U.S. Small Business Administration (SBA) - All Divisions  Little Rock Commercial Loan Servicing Center 2120 Riverfront Drive 100 Little Rock, AR 72202		UCC				\$113,394.00
3 American Express Po Box 981535 El Paso, TX 79998-1535						\$67,744.00
4 Capital One Bankruptcy Dept PO Box 30285 Salt Lake City, UT 84130-0289						\$8,807.63
5						
6						
7						
8						

Debtor

**Sassy Medchill LLC**

Name

Case number (*if known*) \_\_\_\_\_

<b>Name of creditor and complete mailing address, including zip code</b>		<b>Name, telephone number, and email address of creditor contact</b>	<b>Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)</b>	<b>Indicate if claim is contingent, unliquidated, or disputed</b>	<b>Amount of unsecured claim</b> If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					<b>Total claim, if partially secured</b>	<b>Deduction for value of collateral or setoff</b>	<b>Unsecured claim</b>
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Eastern District of Texas

In re Sassy Medchill LLC

Case No. \_\_\_\_\_

Debtor Chapter \_\_\_\_\_ 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$32,000.00

Prior to the filing of this statement I have received ..... \$32,000.00

Balance Due ..... \$0.00

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/16/2024

Date

/s/ Robert C Lane

Robert C Lane  
*Signature of Attorney*

Bar Number: 24046263  
The Lane Law Firm  
1555 State St  
Salem, OR 97301

The Lane Law Firm

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION

IN RE: **Sassy Medhill LLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/16/2024 Signature /s/ Sasha Medhill  
Sasha Medhill, Owner

AMERICAN EXPRESS  
PO BOX 981535  
EL PASO, TX 79998-1535

BRADLEY MEDCHILL  
3752 SAN GABRIEL AVE  
FRISCO, TX 75033-0108

CAPITAL ONE  
BANKRUPTCY DEPT  
PO BOX 30285  
SALT LAKE CITY, UT 84130-0289

INTERNAL REVENUE SERVICE  
P.O. BOX 7346  
PHILADELPHIA, PA 19101-7346

SASHA MEDCHILL  
3752 SAN GABRIEL AVE  
FRISCO, TX 75033-2889

SASSY MEDCHILL LLC  
6959 LEBANON RD SUITE 101  
FRISCO, TX 75034-6736

SQUARE FINANCIAL  
SERVICES  
4 CHASE METROTECH CENTER 7TH  
FLOOR  
BROOKLYN, NY 11245

THE LANE LAW FIRM  
1555 STATE ST  
SALEM, OR 97301

U.S. SMALL BUSINESS  
ADMINISTRATION (SBA) -  
ALL DIVISIONS  
LITTLE ROCK COMMERCIAL LOAN  
SERVICING CENTER  
2120 RIVERFRONT DRIVE 100  
LITTLE ROCK, AR 72202

WHITESTONE SHOPS AT  
STARWOOD, LLC  
2600 S GESSNER RD STE 500  
HOUSTON, TX 77063-3223